

Monday, March 16, 2015 11:11:16 AM

130567

Item ID: D4941-2L02

Accept

N900040100

Setup Start *NS1*

Revision ID:

Item Name: Floor Protector, Fwd RH, (Black)

Stop *NS2*

Start Date: 3/16/2015 **Start Qty:** 1.00 ***1***

Cust Item ID:

Required Date: 3/16/2015 **Req'd Qty:** 1.00 ***1***

Customer:

Reference:

Approvals: **Process Plan:** ML5 **Date:** 15-03-16 **Tooling:** _____ **Date:** _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D4941	D

100

0.00

100

HAND FINISHING THERMOFORMING

Thermoform

Memo

0.00

Thermoforming Machine

Cut Blanks

105

0.00

105

Dry Material

HandThermo

Memo

0.00

Hand Finishing Thermoforming

Dry Sheet as per QSI022 POLYCARBONATE

Temp: 29.5

Time IN: 4:30

Time OUT: 700

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube ☐</td> <td>Crosstube ☐</td> <td>Water Jet ☐</td> <td>Engineering ☐</td> </tr> <tr> <td>Machining ☐</td> <td>Small Fab ☐</td> <td>Prod. Eng. Coord. ☐</td> <td>Quality ☐</td> </tr> <tr> <td>Thermoforming ☐</td> <td>Finishing ☐</td> <td>Rec/Store/Packaging ☐</td> <td>Other ☐</td> </tr> <tr> <td>Large Fab ☐</td> <td>Composite ☐</td> <td>Supplier ☐</td> <td></td> </tr> </table>	Skid-tube ☐	Crosstube ☐	Water Jet ☐	Engineering ☐	Machining ☐	Small Fab ☐	Prod. Eng. Coord. ☐	Quality ☐	Thermoforming ☐	Finishing ☐	Rec/Store/Packaging ☐	Other ☐	Large Fab ☐	Composite ☐	Supplier ☐	
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear ☐ Bending ☐ Centre Not Concentric ☐ Cracks ☐ Crimp/Kink/Ripple/Wave ☐ Cuffs ☐ Crushing ☐ Heat Treat ☐ Inspection Strip in Tube ☐ Marks/Chatter ☐ Turning Sequence ☐ Wave/Twist in Tube	General ☐ Bend ☐ BOM/Route ☐ Broken/Damage/Defect ☐ Burrs ☐ Contamination ☐ Countersink ☐ Cut Too Short ☐ Drawing ☐ Drill Holes ☐ Finish ☐ Fit/Function	☐ Folio/Program ☐ Grain ☐ Hardware ☐ Inspection Incomplete/Unqualified ☐ Instructions Incomplete/Unclear ☐ Misaligned/off center ☐ Mislabeled ☐ Misread ☐ Off-set ☐ Out of Calibration ☐ Out of Sequence
		☐ Outside Dimensions ☐ Over/Under tolerance ☐ Part Incorrect ☐ Part Lost/Missing ☐ Part Moved ☐ Positioned Wrong ☐ Power Loss/Surge
		☐ Pressure/Forced ☐ Set-up ☐ Temperature/Cure ☐ Weld ☐ Wrong Stock Pulled ☐ Other

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 Start Date: 3/16/2015 Start Qty: 1.00 ***1*** Cust Item ID:
 Required Date: 3/16/2015 Req'd Qty: 1.00 ***1*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
110		0.00							
110	THERMOFORMING MACHINE								
Thermoform	Memo	0.00							
Thermoforming Machine	Thermoform as per Dwg. D4941 and Folio FTA 159								
	Dwg. Rev. <u>D</u>								
	Folio Rev. _____								
130		0.00							
130	HAND FINISHING THERMOFORMING								
Thermoform	Memo	0.00							
Thermoforming Machine	Trim to Finished Dimensions								
140		0.00							
140	QC2- Inspect parts off machine FAI/FAIB								
QC	Memo	0.00							
Quality Control									

B15/03/17

B15/04/08

B15/04/08

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

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Handling/Pre									
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Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear ☐ Bending ☐ Centre Not Concentric ☐ Cracks ☐ Crimp/Kink/Ripple/Wave ☐ Cuffs ☐ Crushing ☐ Heat Treat ☐ Inspection Strip in Tube ☐ Marks/Chatter ☐ Turning Sequence ☐ Wave/Twist in Tube	General ☐ Bend ☐ BOM/Route ☐ Broken/Damage/Defect ☐ Burrs ☐ Contamination ☐ Countersink ☐ Cut Too Short ☐ Drawing ☐ Drill Holes ☐ Finish ☐ Fit/Function	☐ Folio/Program ☐ Grain ☐ Hardware ☐ Inspection Incomplete/Unqualified ☐ Instructions Incomplete/Unclear ☐ Misaligned/off center ☐ Mislabeled ☐ Misread ☐ Off-set ☐ Out of Calibration ☐ Out of Sequence	☐ Outside Dimensions ☐ Over/Under tolerance ☐ Part Incorrect ☐ Part Lost/Missing ☐ Part Moved ☐ Positioned Wrong ☐ Power Loss/Surge ☐ Pressure/Forced ☐ Set-up ☐ Temperature/Cure ☐ Weld ☐ Wrong Stock Pulled ☐ Other
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Work Order ID 130567

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Revision ID: Stop ***NS2***
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Required Date: 3/16/2015 Req'd Qty: 1.00 ***1*** Customer:
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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	QC5- Inspect part completeness to step on W/O	0.00							DAS 38 9-89
150									
QC	Memo	0.00							
Quality Control									APR 13 2015
160	Packaging	0.00							
160									
Packaging	Memo	0.00							
Packaging									
170	QC21- Final Inspection - Work Order Release	0.00							
170									
QC	Memo	0.00							
Quality Control									

IN PRO 16

1x SP15-04-14

ML5 1504-14

MF
15-4-14

DQA: _____ Date: _____



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FAULT CATEGORY

Landing Gear ☐ Bending ☐ Centre Not Concentric ☐ Cracks ☐ Crimp/Kink/Ripple/Wave ☐ Cuffs ☐ Crushing ☐ Heat Treat ☐ Inspection Strip in Tube ☐ Marks/Chatter ☐ Turning Sequence ☐ Wave/Twist in Tube	General ☐ Bend ☐ BOM/Route ☐ Broken/Damage/Defect ☐ Burrs ☐ Contamination ☐ Countersink ☐ Cut Too Short ☐ Drawing ☐ Drill Holes ☐ Finish ☐ Fit/Function	☐ Folio/Program ☐ Grain ☐ Hardware ☐ Inspection Incomplete/Unqualified ☐ Instructions Incomplete/Unclear ☐ Misaligned/off center ☐ Mislabeled ☐ Misread ☐ Off-set ☐ Out of Calibration ☐ Out of Sequence	☐ Outside Dimensions ☐ Over/Under tolerance ☐ Part Incorrect ☐ Part Lost/Missing ☐ Part Moved ☐ Positioned Wrong ☐ Power Loss/Surge ☐ Pressure/Forced ☐ Set-up ☐ Temperature/Cure ☐ Weld ☐ Wrong Stock Pulled ☐ Other
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Picklist Print

Monday, March 16, 2015 11:11:21 AM

Page 1

Work Order ID: 130567

130567

Parent Item: D4941-2L02

D4941-2L02

Parent Item Name: Floor Protector, Fwd RH, (Black)

Start Date: 3/16/2015

Required Date: 3/16/2015

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev a New Issue 13/12/16 DL
Revised dimensions 14/02/12 DL
14/07/02 DL

IPP Rev. B
IPP Rev C Revised Dwg.
IPP Rev. D Revised Dwg. 14/07/25 DL

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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MLEXS.125-F6006-02

Purchased

No

100

sf

2,592.000

4.875

5

MI FXS 125-F6006-02

**

5

3/15/04/08

GE PLASTICS LEXAN SHEET(BLACK)

Location

Loc Qty

Loc Code

MAT020

2592

m128887

2592

DQA: _____ Date: _____



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FAULT CATEGORY

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DART AEROSPACE LTD		Work Order: 130567
Description: FLOOR PROTECTOR		Part Number: D4941-2102
Inspection Dwg: 4941	Rev: D	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST
THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than "	✓			
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

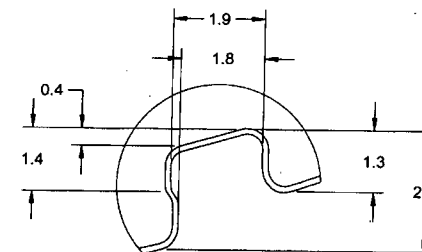
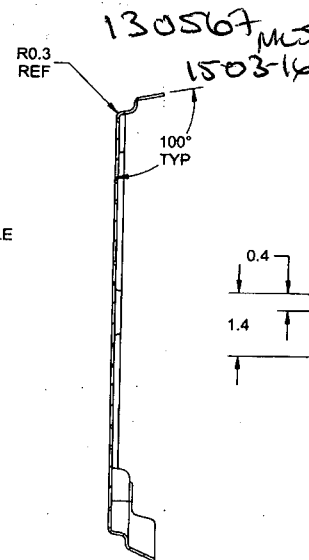
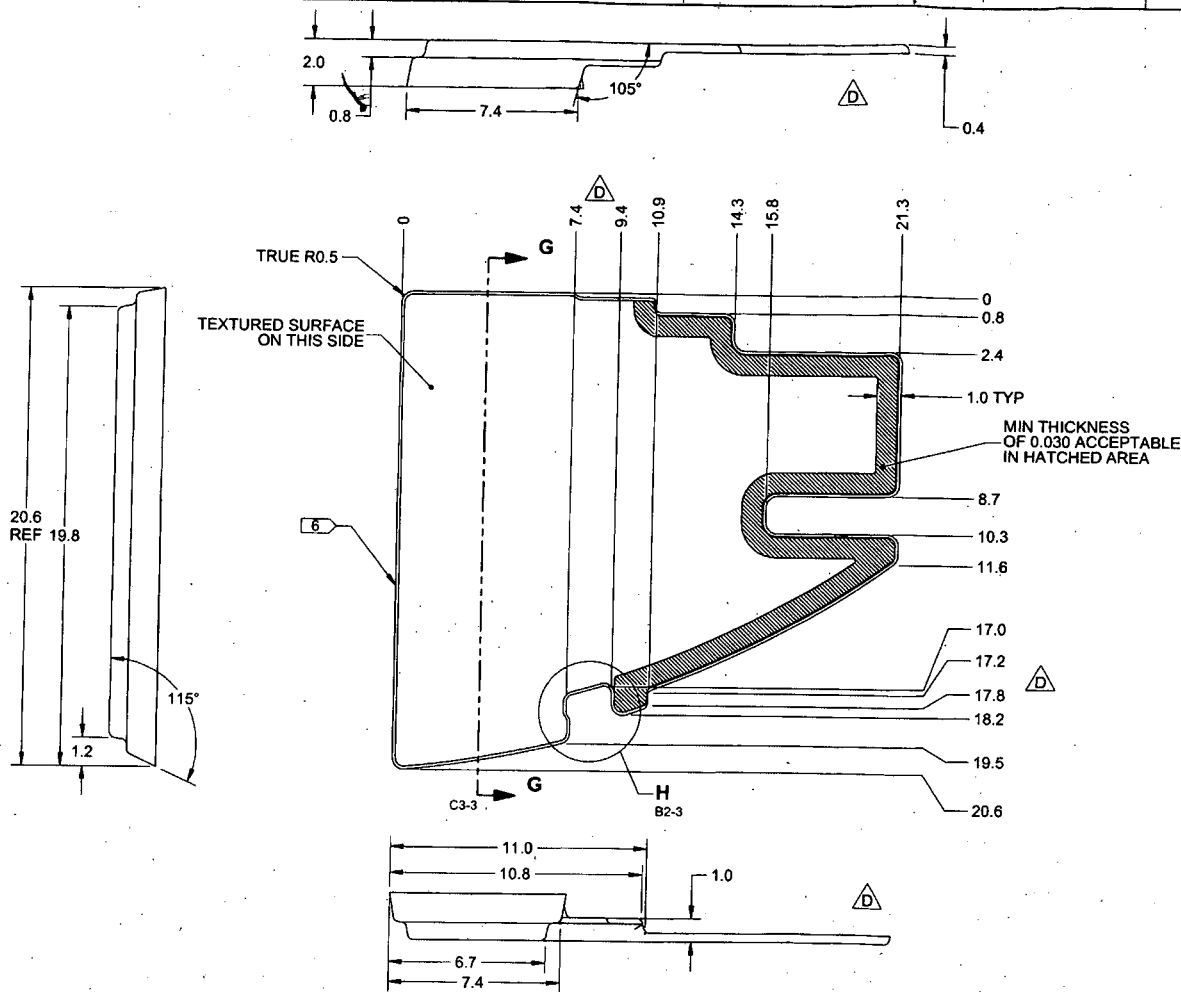
Measured by: BB	Date: 15/04/08
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TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
2.0	.100	2.03	✓		DL-02	
1.0	.100	1.01	✓		DL-02	
.4	.100	.41	✓		DL-02	
21.3	.100	21.375	✓		TH-05	
20.6	.100	20.55	✓		TH-05	
.80	Min	.104	✓		DL-02	
.080	Min	.070	✓		TH-DT	

Measured by: BB	Date: 15/04/08
Audited by: 38	Date: APR 13 2015
Preliminary Approval:	Date:

Rev	Date	Change	Revised by	Approved
B	10.04.14	Added preliminary approval	KJ	



DETAIL H
B6-3

SECTION G-G
C6-3

RELEASED
2014-10-08

NOTES:

- 1) MATERIAL: SEE TABLE
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER DART QSI 044 6.4
- 7) WEIGHT: 1.5 lbs
- 8) THERMOFORM PER QSI 022 USING MOLD DT9991 TRIM PER MOLD LEAVING FINISHED EDGES
- 9) MINIMUM THICKNESS AFTER FORMING IS 0.070"

D4941-2LXX FWD RH FLOOR PROTECTOR

PART NUMBER	DESCRIPTION
D4941-2L02	F6006 SUEDE/POLISHED 701 BLACK LEXAN SHEET 0.125 THICK (REF DART SPEC MLEXS. 125-F6006-02)
D4941-2L08	90318 PROTECT-A-GLAZE 112 CLEAR LEXAN SHEET 0.118 THICK (REF DART SPEC MLEXS. 118-90318-08)

APPROVED

DESIGN	AK
DRAWN	AK
CHECKED	VS
MFG. APPR.	DL
APPROVED	HS
DE APPR.	DS
DATE	14.07.25

DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWING NO. D4941	REV. D SHEET 3 OF 5
TITLE CABIN FLOOR PROTECTORS	SCALE NTS
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